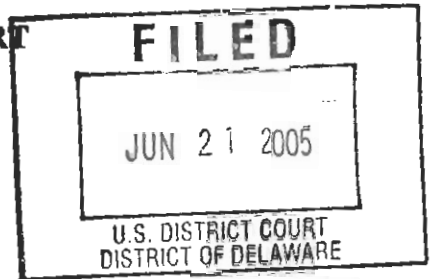


(Rev. 4/97)

**FORM TO BE USED BY A PRISONER IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. §1983**

**UNITED STATES DISTRICT COURT
DISTRICT OF DELAWARE**



Charles Magen
(Enter above the full name of the plaintiff in this action)

v.

Health Administration
Rafeal Williams, Stan Taylor
(Warden) (Commissioner)

(Enter above the full name of the defendant(s) in this action)

05 - 419

I. Previous lawsuits

A. Have you begun other lawsuits in state or federal courts dealing with the same facts involved in this action or otherwise relating to your imprisonment?
YES [] NO [X]

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit

Plaintiffs N/A

Defendants N/A

2. Court (if federal court, name the district; if state court, name the county)

N/A

3. Docket number

N/A

4. Name of judge to whom case was assigned

N/A

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

N/A

6. Approximate date of filing lawsuit

N/A

7. Approximate date of disposition

N/A

II. A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ☐

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes ☒ No ☐

C. If your answer is YES,

1. What steps did you take?

I filled out a grievance
a I presented it to the proper authority/s

2. What was the result?

Still pending

D. If your answer is NO, explain why not

N/A

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes ☐ No ☒

F. If your answer is YES,

1. What steps did you take?

N/A

2. What was the result?

N/A

III. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff Charles Magan
 Address 1301 E 12th St HRYCI Wilm, DE 19809

(In item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and place of employment of any additional defendants.)

B. Defendant Health Administration is employed as Nurse
11-2-04 at Grand Hill HRYCI

C. Additional Defendants Rafael Williams (Warden)
Stan Taylor (Commissioner)

IV. Statement of Claim

(State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheet if necessary.)

I was given Hydrocortisone Ointment USP, 1%
for a little rash I had on my arms from the
winter. Now its all over my arms and on my back
Its itchy and my skin bleeds. I was given
this ointment on 11-2-04, at Grand Hill

V. Relief

(State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.)

3 million punitive damages
1 million physical damages

Signed this 25th day of May, 2005

Charles Morgan
(Signature of Plaintiff)

I declare under penalty of perjury that the foregoing is true and correct.

5-25-05
Date

Charles Morgan
(Signature of Plaintiff)

I Filled out a grievance and Im still waiting for the results.

Charles Morgan 526905
1301 E 12th St HX4CI
Wilm, DE 19809



J. Caleb Boggs Federal Building
Clerk
U.S. District Court
Lockbox 18
844 N. Lima Street
Wilm, DE 19801

U.S.M.S.
X-RAY
INMATE
LEGAL MAIL

19801+5313